Instructions for Completing FORM SPO-H-206F BUDGET JUSTIFICATION CONTRACTUAL SERVICES - SUBCONTRACTS

Applicant/Provider:	Enter the Applicant's legal name.		
Period:	Enter the time period for which this budget will cover; usually, this will		
	cover a fiscal year.		
Date Prepared	Enter the date this justification was prepared.		
NAME OF	Enter the organization or individual you are contracting with. If the firm		
ORGANIZATION OR	or individual is not known at the time of preparation, enter "(UNKNOWN,		
INDIVIDUAL	to be selected)"		
TOTAL BUDGETED	Enter the projected cost to be charged to the budget.		
SERVICES PROVIDED	Identify the specific service(s) you are contracting for, with the		
	organization or individual (e.g., payroll services, occupational therapy,		
	physical therapy, etc.)		
TOTAL	Add the "Total Budgeted" column and enter the sum of the amounts listed.		
JUSTIFICATION/	Justify the need for contractual services in the delivery of this service		
COMMENTS:	activity. Enter additional comments. Attach additional sheets, if		
	necessary.		

BUDGET JUSTIFICATION CONTRACTUAL SERVICES - SUBCONTRACTS

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: <u>ABC-123</u> Period: <u>07/01/95</u> to <u>06/30/96</u> Date Prepared: <u>02/14/95</u>

Contract No. (As Applicable): DHS-97-001

NAME OF ORGANIZATION OR INDIVIDUAL	TOTAL BUDGETED	SERVICES PROVIDED	JUSTIFICATION/COMMENTS
Med Eval, Inc.		client evaluations	specialized services
	S	AMPL	Ε
TOTAL:	\$2,500		